



Resiliency and Disease Management

Utilization Management Guidelines

Adult Services¹

¹ Notes:

- a. All service delivery data shall be reported to DSHS in accordance with Section I. C. 4. of the [Adult Program Attachment](#). Section I. C. 4. of the [Adult Program Attachment](#) references the document of record for all validation rules associated with service delivery. The validation rules listed within this document of record shall supersede service delivery information listed within these Utilization Management Guidelines.
- b. Resiliency and Disease Management services provided to individuals who are Medicaid eligible shall be provided in accordance with Title 25, Chapter 419, Subchapter L, and Title 25, Chapter 412, Subchapter I, of the Texas Administrative Code.

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SERVICE PACKAGE 1

UM Guidelines	Program: ADULT MH	
Service Package 1	Authorized Period 365 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 minutes	12 units
Routine Case Management	15 minutes	24 units
Medication Training & Support Services (Individual)	15 minutes	18 units
Medication Training & Support Services (Group)	15 minutes	12 units
Engagement Activity (if underserved)	15 minutes	24 units
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units
Crisis Transportation – Event	Event	As necessary
Crisis Transportation – Dollar	\$1	As necessary
Safety Monitoring	15 minutes	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	200 units
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units
Specialty Services (Add Ons) Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Skills Training & Development (Individual)	15 minutes	5-10 units combined Individual or Group
Skills Training & Development (Group)	15 minutes	5-10 units combined Individual or Group

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Supported Employment	15 minutes	1-14 units
Supported Housing Services and Supports, Non-rehab	15 minutes	1-14 units
Residential Treatment (non-crisis)	1 bedday	As necessary
Flexible Funds (Non-Clinical Supports & Transportation)	\$1	200 units
Flexible Community Supports	15 minutes	1-14 units

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Purpose of Service Package 1

Services in this package are generally intended for individuals with major depressive disorder (GAF \leq 50), bipolar disorder, or schizophrenia and related disorders who present with very little risk of harm and who have supports and a level of functioning that does not require higher levels of care.

The general focus of this array of services is to reduce or stabilize symptoms, improve the level of functioning, and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings, and are primarily limited to medication, rehabilitative services, and education.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, Crisis Services should be delivered within the current Service Package. Crisis Service Package 0 may only be used for an individual who is newly admitted to services or is being transitioned from Service Package 5.

Any service offered must meet medical necessity criteria.

SERVICE DEFINITIONS

Core Services SP-1

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological management services: supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

Routine Case Management: Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine Case Management activities must be provided in accordance with 25 TAC, Part I, Chapter 412, Subchapter I, *MH Case Management Services*. *Contractor shall not subcontract for the delivery of these services.*

Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program): Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Engagement Activity: Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended service package and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current

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version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing

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guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Specialty Services (Add Ons) for SP-1

Skills Training & Development (Individual and Group): Training provided to a client that addresses the severe and persistent mental illness and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Supported Employment: Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Supported Housing: Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Includes:

Housing assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.

Services and supports - Assistance in locating, moving into and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under "services and supports" cannot be billed as rehabilitative services, concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Residential Treatment (Non-crisis): Twenty-four hour specialized living environments. RT includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.

Flexible Funds (Non-Clinical Supports and Transportation): Non-Clinical Supports include services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living. Transportation refers to temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.

The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.

NOTE: A general formula guideline may be applied to calculate the amount of the stipend:

A. (Amount of Income) X (0.30) = Client Contribution

B. (Cost of Housing) – (Client Contribution) = Center Contribution

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This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

Flexible Community Supports: Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be (pulled from FY2007 C&A Attachment):

- Included as strategies in the client's Case Management Plan;
- Based on the preference of the client and focus on the outcomes that the client chooses;
- Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
- Available through GR funding; and
- Not readily available through other sources (e.g., other agencies, volunteers)

Flexible community supports include but are not limited to: transportation services, educational training, (e.g. computer skills, budgeting, etc.) temporary child care, job development and placement activities, and independent living support.

Admission Criteria for SP-1 (All criteria must be met)

- The person must be determined to have a major depressive disorder (GAF \leq 50 at intake), a bipolar disorder, or schizophrenia and related disorders as described in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders. Persons who meet the definition of the priority population other than major depressive disorder (GAF \leq 50 at intake), bipolar disorder or schizophrenia and related disorders, may be overridden into services if the override criteria are met (see below).
- The person's disorder is amenable to medically necessary pharmacological intervention.
- The person is willing to participate in treatment.
- Texas Recommended Authorization Guidelines (TRAG) indicates LOC-R of 1 or the person meets the override criteria and is overridden into Service Package 1.
- Although a provider will utilize engagement strategies in the provision of all services, Engagement Activity, as defined here, is only authorized for consumers and collaterals when the consumer is under-served, i.e. recommended for a higher Service Package but is authorized in SP-1 due to consumer choice.

Special Considerations: (In addition to the above criteria, *any* of the following may indicate this service package as the most appropriate level of care).

- The person has been in another service package and progress has not been made for 6 months, but can benefit from ongoing medication treatment.
- The person refuses more intensive services.
- This package may also be provided to individuals eligible for other service packages but that due to lack of capacity must be served in Service Package 1 until capacity is available.

Specialty Services (Add Ons) Criteria for SP-1 (All criteria must be met for a specific service before it can be added.)

Skills Training & Development:

- Diagnosis of Schizophrenia or Bipolar and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of the TRAG.
- Capacity exists to provide this service in Service Package 1.

Supported Employment:

- A diagnosis of Bipolar Disorder, Schizophrenia, or Major Depression and a score of a 3-5 on Dimension 5: Employment Problems of the TRAG.
- Desire to work expressed by the consumer.
- Capacity exists to provide this service in Service Package 1.

Supported Housing:

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- A diagnosis of Bipolar Disorder, Schizophrenia, or Major depression and a score of 3, 4 or 5 on Dimension 6: Housing Instability of the TRAG.
- Desire to obtain stable housing expressed by the consumer.
- Capacity exists to provide this service in Service Package 1.

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit.
- Individual must be determined to be able to maintain housing on an extended basis.
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training.
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services.
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.
- The individual does not have the ability to access and fund needed transportation services.
- Request for transportation is not for recreational and social needs.
- Individual participates in planning for reduced dependence on transportation assistance.
- The individual has not refused available transportation services.

Flexible Community Supports:

- Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Indicators for increasing LOC from SP-1 to a higher level package

- TRAG scores indicate a higher LOC-R.
- The clinician determines that the individual meets clinical necessity for a higher service package.
- If at any point in time, the individual meets the admission criteria of a higher service package, the individual may be moved up accordingly.

SP-1 Discharge Criteria (ANY of these indicators support discharge from SP-1)

- Clinical documentation exists to support that the consumer has obtained the maximum benefit from this service package and further treatment will not promote continued relief and/or change. (e.g., consumer has progressed sufficiently and thus no longer needs the service)
- Consumer is not receptive to all treatment even after reasonable efforts and accommodations have been made to engage the consumer, and the consumer is not at risk of harm to self or others if treatment is suspended. [Note: The refusal of, or non-compliance with one type of service does not affect the consumer's eligibility to receive other services]
- Consumer withdraws or requests discharge from treatment or moves outside service area.
- Community resources outside the local MHMR center have been identified that can provide the necessary services (e.g., there is a primary care physician available to provide medication-related services) and the individual has been successfully referred to those services.

Objective Discharge Measures

- Remission of major symptoms as evidenced by reduction and or stability in subscale scores.

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- If in stage 1-2 of MDD algorithm and score on QIDS (SR and/or C) < 8 for 12 months, consumer may be released to primary care physician.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider
(consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP or Peer Provider

Supported Housing: QMHP-CS or CSSP or Peer Provider

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions

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SERVICE PACKAGE 2

UM Guidelines	Program: ADULT MH	
Service Package 2	Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 minutes	6 units
Routine Case Management	15 minutes	12 units
Counseling (CBT) (Individual)	15 minutes	80 units of combined Individual and/or Group CBT
Counseling (CBT) (Group)	15 minutes	
Medication Training & Support Services (Individual)	15 minutes	8 units of combined Individual and/or Group Med Training & Support Services
Medication Training & Support Services (Group)	15 minutes	
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units
Crisis Transportation – Event	Event	As necessary
Crisis Transportation – Dollar	\$1	As necessary
Safety Monitoring	15 minutes	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	200 units
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units
Specialty Services (Add Ons) Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Skills Training & Development (Individual)	15 min	5 to 10 units combined individual and/or group
Skills Training & Development (Group)	15 min	5 to 10 units combined individual and/or group

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Day Programs for Acute Needs	45-60 continuous minutes	1 to 24 units per acute episode
Supported Employment	15 minutes	1-14 units
Supported Housing Services and Supports, Non-rehab	15 minutes	1-14 units
Residential Treatment (non-crisis)	1 bedday	As necessary
Flexible Funds (Non-Clinical Supports & Transportation)	\$1	200 units
Flexible Community Supports	15 minutes	1-14 units

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Purpose of Service Package 2

Services in this package are intended for individuals with residual symptoms of major depressive disorder, with an intake GAF \leq 50, who present very little risk of harm, who have supports, and a level of functioning that does not require more intensive levels of care, and who can benefit from psychotherapy.

The general focus of services in this package is to improve level of functioning and /or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings and include psychotherapy services *in addition to* those offered in Service Package 1.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, Crisis Services should be delivered within the current Service Package. Crisis Service Package 0 may only be used for an individual who is newly admitted to services or is being transitioned from Service Package 5.

Any service offered must meet medical necessity criteria.

SERVICE DEFINITIONS

Core Services SP-2

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological management services: supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

Routine Case Management: Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine Case Management activities must be provided in accordance with 25 TAC, Part I, Chapter 412, Subchapter I, *MH Case Management Services*. *Contractor shall not subcontract for the delivery of these services.*

Counseling (CBT) Individual and Group:

Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. Counseling must be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of an LPHA, if not billed to Medicaid. This service includes treatment planning to enhance recovery and resiliency.

Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program): Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

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Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes

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ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Specialty Services (Add Ons) for SP-2

Skills Training & Development (Individual and Group): Training provided to a client that addresses the severe and persistent mental illness and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Supported Employment: Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Supported Housing: Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Includes:

Housing assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.

Services and supports - Assistance in locating, moving into and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under "services and supports" cannot be billed as rehabilitative services, concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Residential Treatment (Non-crisis): Twenty-four hour specialized living environments. RT includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.

Flexible Funds (Non-Clinical Supports and Transportation): Non-Clinical Supports include services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living. Transportation refers to temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.

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The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.

NOTE: A general formula guideline may be applied to calculate the amount of the stipend:

A. (Amount of Income) X (0.30) = Client Contribution

B. (Cost of Housing) – (Client Contribution) = Center Contribution

This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund.)

Flexible Community Supports: Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be (pulled from FY2007 C&A Attachment):

- Included as strategies in the client's Case Management Plan;
- Based on the preference of the client and focus on the outcomes that the client chooses;
- Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
- Available through GR funding; and
- Not readily available through other sources (e.g., other agencies, volunteers)

Flexible community supports include but are not limited to: transportation services, educational training, (e.g. computer skills, budgeting, etc.) temporary child care, job development and placement activities, and independent living support.

Admission Criteria for SP-2 (All criteria must be met)

- The person must be determined to have a Major Depressive Disorder regardless of the diagnostic qualifier of with or without psychosis.
- The person has Major Depressive Disorder with an intake GAF \leq 50 and still has a significant level of residual symptoms.
- The consumer has a documented desire to engage in psychotherapy.
- TRAG indicates a LOC-R of 2.

Specialty Services (Add Ons) Criteria for SP-2 (All criteria must be met for a specific service before it can be added.)

Skills Training & Development:

- Diagnosis of Major Depressive Disorder and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of the TRAG.
- Capacity exists to provide this service in Service Package 2.

Supported Employment

- Major Depressive Disorder and a score of a 3-5 on Dimension 5: Employment Problems of the TRAG.
- Desire to work as expressed by the consumer.
- Capacity exists to provide this service in Service Package 2.

Supported Housing

- A diagnosis of Major Depressive Disorder and a score of 3, 4 or 5 on Dimension 6: Housing Instability of the TRAG.
- Desire to obtain stable housing expressed by the consumer.
- Capacity exists to provide this service in Service Package 2.

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit.
- Individual must be determined to be able to maintain housing on an extended basis.

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- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training.
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services.
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.
- The individual does not have the ability to access and fund needed transportation services.
- Request for transportation is not for recreational and social needs.
- Individual participates in planning for reduced dependence on transportation assistance.
- The individual has not refused available transportation services.

Flexible Community Supports:

- Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

SP-2 Discharge Criteria (ANY of these indicators support discharge from SP-2)

- Consumer has met the psychotherapy objectives as defined upon admission to this Service Package.
- Consumer refuses to participate in psychotherapy. [Note – a person discharged from this Service Package under this provision should generally be served in Service Package 1 unless clinically contraindicated]

Criteria for Clinical Override into Service Package 2

Reason for Deviation:

- Resource Limitations: Not Applicable
- Consumer Choice: Patient with Major Depression refuses medications as first line treatment.
- Consumer Need: Person is identified as having:
 - Any Mood Disorder diagnosis and a moderate to significant functional impairment score of 2, 3 or 4; or
 - A Major Depressive Disorder with psychotic features (but the psychosis is under control) and a significant functional impairment score of 2, 3 or 4.
 - Continuity of Care: Not Applicable.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider (consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP or Peer Provider

Supported Housing: QMHP-CS or CSSP or Peer Provider

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions

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SERVICE PACKAGE 3

UM Guidelines	Program: ADULT MH	
Service Package 3	Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 minutes	6 units
Medication Training & Support Services (Individual)	15 min	79 units combined of Individual Medication Training & Support and Psychosocial Rehab
Psychosocial Rehabilitative Services (Individual)	15 min	79 units combined of Individual Medication Training & Support and Psychosocial Rehab
Day Programs for Acute Needs	45-60 continuous minutes	24 units per acute episode
Supported Employment	15 minutes	240 units combination of Supported Employment and Supported Housing
Supported Housing Services and Supports, Non-rehab	15 minutes	240 units combination of Supported Employment and Supported Housing
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units
Crisis Transportation – Event	Event	1 unit
Crisis Transportation – Dollar	\$1	As necessary
Safety Monitoring	15 minutes	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	200 units
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary

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Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units
Specialty Services (Add Ons) Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Residential Treatment (non-crisis)	1 bedday	As necessary
Flexible Funds (Non-Clinical Supports & Transportation)	\$1	200 units
Flexible Community Supports	15 minutes	1-14 units

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Purpose of Service Package 3

The general focus of services in this package is, through a team approach, to stabilize symptoms, improve functioning, develop skills in self-advocacy, and increase natural supports in the community and / or sustain improvements made in more intensive service packages. Service focus is on amelioration of functional deficits through skill training activities focusing on symptom management, independent living, self-reliance, non-job-task specific employment interventions, impulse control, and effective interaction with peers, family, and community. Services are provided in outpatient office-based settings and community settings.

Services in this package are generally intended for individuals who enter the system of care with **moderate to severe** levels of need (or for those whose LOC-R has increased) who require intensive rehabilitation to increase community tenure, establish support networks, increase community awareness, and develop coping strategies in order to function effectively in their social environment (family, peers, school). This may include maintaining the current level of functioning. A rehabilitative case manager who is a member of the therapeutic team must provide supported Housing and COPSD services. Supported Employment services must be provided by both a Supported Employment specialist on the team and the rehabilitative case manager. Service Package 3 (SP-3) must utilize a team approach to providing more intensive rehabilitative services for the individual.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, Crisis Services should be delivered within the current Service Package. Crisis Service Package 0 may only be used for an individual who is newly admitted to services or is being transitioned from Service Package 5.

Any service offered must meet medical necessity criteria.

SERVICE DEFINITIONS

Core Services SP-3

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological management services: supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program): Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Psychosocial Rehabilitative Services (Individual and Group): Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Supported Employment: SE is comprised of intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining

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employment in integrated work sites in regular community jobs. SE includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Supported Housing: SH is comprised of activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Includes:

Housing assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.

Services and supports - Assistance in locating, moving into and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under "services and supports" cannot be billed as rehabilitative services, concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

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Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Specialty Services (Add Ons) for SP-3

Residential Treatment (Non-crisis): Twenty-four hour specialized living environments. RT includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.

Flexible Funds (Non-Clinical Supports and Transportation): Non-Clinical Supports include services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.

Transportation refers to temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.

The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.

NOTE: A general formula guideline may be applied to calculate the amount of the stipend:

A. (Amount of Income) X (0.30) = Client Contribution

B. (Cost of Housing) – (Client Contribution) = Center Contribution

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This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

Flexible Community Supports: Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be (pulled from FY2007 C&A Attachment):

- Included as strategies in the client's Case Management Plan;
- Based on the preference of the client and focus on the outcomes that the client chooses;
- Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
- Available through GR funding; and
- Not readily available through other sources (e.g., other agencies, volunteers)

Flexible community supports include but are not limited to: transportation services, educational training, (e.g. computer skills, budgeting, etc.) temporary child care, job development and placement activities, and independent living support.

Admission Criteria for SP-3 (All criteria must be met)

- Must have a diagnosis of Schizophrenia or related disorder, Bipolar Disorder, or Major Depressive Disorder with psychotic features with a GAF rating ≤ 50 .
- TRAG indicates a LOC-R of 3.

Specialty Services (Add Ons) Criteria for SP-3 (All criteria must be met for a specific service before it can be added.)

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit.
- Individual must be determined to be able to maintain housing on an extended basis.
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training.
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services.
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.
- The individual does not have the ability to access and fund needed transportation services.
- Request for transportation is not for recreational and social needs.
- Individual participates in planning for reduced dependence on transportation assistance.
- The individual has not refused available transportation services.

Flexible Community Supports:

Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

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Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider
(consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP or Peer Provider

Supported Housing: QMHP-CS or CSSP or Peer Provider

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions

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SERVICE PACKAGE 4

UM Guidelines		Program: ADULT MH	
Service Package 4 Rural or Urban ACT		Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization	
Psychiatric Diagnostic Interview Examination	Event	1 unit	
Pharmacological Management	25 minutes	6 units	
Medication Training & Support Services (Individual, Curriculum –based)	15 min	79 units combined of Individual Medication Training & Support and Psychosocial Rehab	
Psychosocial Rehabilitative Services (Individual)	15 min	79 units combined of Individual Medication Training & Support and Psychosocial Rehab	
Medication Training & Support Services (Group, Curriculum –based)	15 min	96 units combined of Group Medication Training & Support and Psychosocial Rehab	
Psychosocial Rehabilitative Services (Group)	15 min	96 units combined of Group Medication Training & Support and Psychosocial Rehab	
Supported Employment	15 minutes	240 units combination of Supported Employment and Supported Housing	
Supported Housing Services and Supports, Non-rehab	15 minutes	240 units combination of Supported Employment and Supported Housing	
Day Programs for Acute Needs	45-60 continuous minutes	1 to 24 units per acute episode	
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization	
Crisis Intervention Services	15 minutes	15 units	
Psychiatric Diagnostic Interview Examination	Event	1 unit	
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units	
Crisis Transportation – Event	Event	1 unit	
Crisis Transportation – Dollar	\$1	As necessary	
Safety Monitoring	15 minutes	8 units	

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Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	200 units
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units
Specialty Services (Add Ons) Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Residential Treatment (non-crisis)	1 bedday	As necessary
Flexible Funds (Non-Clinical Supports & Transportation)	\$1	200 units
Flexible Community Supports	15 minutes	1-14 units

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Purpose of Service Package 4

The purpose of the ACT Team is to provide a self-contained program that serves as the fixed point of responsibility for providing treatment, rehabilitation and support services to identified consumers with severe and persistent mental illnesses. A typical ACT team consumer has a diagnosis of schizophrenia or another serious mental illness such as Bipolar disorder and has experienced multiple psychiatric hospital admissions either at the state or community level. Using an integrated services approach, the ACT team merges clinical and rehabilitation staff expertise, e.g., psychiatric, substance abuse, employment, and housing within one mobile service delivery system. Accordingly, there will be minimal referral of clients to other programs for treatment, rehabilitation, and support services. Limited use of group activities designed to reduce social isolation, or address substance use/abuse issues is also acceptable as part of ACT.

ACT includes an Urban ACT program and a Rural ACT program serving clients with an LOC-R = 4. The Urban ACT team serves a client base of 50 or more within a local service area and the Rural ACT team serves a client base of less than 50 within a local service area. The Urban ACT and Rural ACT programs must follow the program description, Fidelity Measures, rules and guidelines for Urban ACT and Rural ACT.

Urban ACT:

The Urban ACT team must maintain a small client-to-staff ratio of 10:1. Urban ACT is a self-contained program with staff members dedicated to the ACT team. The client-to-staff ratio must take into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered. Flexibility, accessibility, and timeliness of service delivery are reflected in the team's ability to provide needed support and skills training to clients and their natural support system on evenings and weekends as needed. For all the Urban ACT consumers combined the Urban ACT team must provide an average of 10 service hours per month; and a minimum of 4 hours of service per client per month. Services are provided out of the office 80% of the time. The Urban ACT team must maintain 24-hour responsibility and availability for covering and managing psychiatric crises for Urban ACT clients. Urban ACT team staffing must include .15 full time equivalent (FTE) Psychiatrist for every 30 consumers (or .25 per 50 consumers) who works directly with and is assigned to the ACT team and at least 1.0 dedicated FTE RN providing direct services. Eighty percent of the ACT team members must be degreed or licensed. This service includes treatment planning to facilitate recovery.

Rural ACT:

The Rural ACT team must maintain a small caseload to include no more than eight ACT consumers (client-to-staff ratio of 8:1) in addition to consumers served in other service packages. Total caseload should be lower than caseloads for staff who serve consumers in service packages other than ACT. The client-to-staff ratio must take into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered; as well as to provide the intensity of services needed based on the clinical severity for consumers in ACT and to meet service requirements for the consumers they serve in any of the service packages. Flexibility, accessibility, and timeliness of service delivery are reflected in the team's ability to provide needed support and skills training to clients and their natural support system on evenings and weekends as needed. For all the Rural ACT consumers combined the Rural ACT team must provide an average of 10 service hours per month; and a minimum of 4 hours of service per client per month. Services are provided out of the office 80% of the time. The Rural ACT team must maintain 24-hour responsibility and availability for covering and managing psychiatric crises for Rural ACT clients. The psychiatrist must be available to provide services to individuals in ACT services and must be available for consultation by Rural ACT team staff at all times. An RN must be a part of the Rural ACT team, although the RN may also have other duties within a community mental health center. Eighty percent of the ACT team members must have at least a bachelor's degree or be licensed. This service includes treatment planning to facilitate recovery.

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Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, Crisis Services should be delivered within the current Service Package. Crisis Service Package 0 may only be used for an individual who is newly admitted to services or is being transitioned from Service Package 5.

Any service offered must meet medical necessity criteria.

SERVICE DEFINITIONS

Core Services SP-4

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological management services: supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program): Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Psychosocial Rehabilitative Services (Individual and Group): Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Supported Employment: Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Supported Housing: Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Includes:

Housing assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.

Services and supports - Assistance in locating, moving into and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under "services and supports" cannot be billed as rehabilitative services,

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concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

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Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Specialty Services (Add Ons) for SP-4

Residential Treatment (Non-crisis): Twenty-four hour specialized living environments. RT includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.

Flexible Funds (Non-Clinical Supports and Transportation): Non-Clinical Supports include services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.

Transportation refers to temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.

The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.

NOTE: A general formula guideline may be applied to calculate the amount of the stipend:

A. (Amount of Income) X (0.30) = Client Contribution

B. (Cost of Housing) – (Client Contribution) = Center Contribution

This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

Flexible Community Supports: Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be (pulled from FY2007 C&A Attachment):

- Included as strategies in the client's Case Management Plan;
- Based on the preference of the client and focus on the outcomes that the client chooses;
- Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
- Available through GR funding; and
- Not readily available through other sources (e.g., other agencies, volunteers)

Flexible community supports include but are not limited to: transportation services, educational training, (e.g. computer skills, budgeting, etc.) temporary child care, job development and placement activities, and independent living support.

Admission Criteria for SP-4 (All criteria must be met)

TRAG indicates a LOC-R of 4 or person meets override criteria.

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Specialty Services (Add Ons) Criteria for SP-4

(All criteria must be met for a specific service before it can be added.)

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit.
- Individual must be determined to be able to maintain housing on an extended basis.
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training.
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services.
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.
- The individual does not have the ability to access and fund needed transportation services.
- Request for transportation is not for recreational and social needs.
- Individual participates in planning for reduced dependence on transportation assistance.
- The individual has not refused available transportation services.

Flexible Community Supports:

- Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

SP-4 Discharge Criteria or Service Package Reduction

(Any of the following criteria is sufficient for d/c from this Service Package)

- TRAG indicates a lower LOC-R for 2 consecutive authorization periods.
- Despite *multiple and varied* documented assertive attempts at engagement, the consumer refuses to participate in services at this intensity and clinical judgment of risk supports the movement to a lower level of care.
- The consumer moves outside of the geographic service area of the ACT team. To the extent possible, the ACT team must facilitate referral of the individual to a provider of services sufficient capable of satisfactorily addressing the consumer's needs.
- Consumer refuses services.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider
(consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP or Peer Provider

Supported Housing: QMHP-CS or CSSP or Peer Provider

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions

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SERVICE PACKAGE 0: Crisis Services

UM Guidelines	Program: ADULT MH	
Service Package 0 Crisis Services	Authorized Period 7 days	
Core Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units
Crisis Transportation – Event	Event	1 unit
Crisis Transportation – Dollar	\$1	As necessary
Safety Monitoring	15 minutes	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	As necessary
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units

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Purpose of Service Package 0

Services in this package are brief interventions provided in the community that will ameliorate the crisis situation and prevent utilization of more intensive services. The desired outcome is resolution of the crisis and avoidance of more intensive and restrictive intervention or relapse.

Note: These services do not require prior authorization. However, UM must authorize within 2 business days of presentation for crisis services. If further crisis follow-up and relapse prevention services are needed then the individual may be authorized for SP-5.

Any service offered must meet medical necessity criteria.

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by

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respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Admission Criteria for SP-0 (All criteria must be met)

- No diagnosis is needed for admission to Crisis Services.
- TRAG indicates an LOC-R of 0 or
- TRAG indicates an LOC-R of 1, 2, 3, 4, 5 or 9 and it is clinically determined that the individual is in crisis.

Special Considerations

SP-0 is only available at intake, with new consumers. Any consumer already in a Service Package receives Crisis Services within that current Service Package.

The individual has an identified issue or goal that cannot be resolved at this point in time with a less restrictive intervention.

Criteria for Level of Care Review

Continued Stay:

- This Service Package will terminate in 7 days unless reauthorized. Additional authorizations may be given as medically necessary.

Indication for potential increase in LOC:

- SP-0 is the highest outpatient Level of Care available. If acuity level increases, hospitalization may be indicated.

SP-0 Discharge or Step Down Criteria (ANY of these indicators would support discharge from this service package)

- Individual is referred to a higher level of care for crisis management, e.g. hospitalization.
- Identified crisis is resolved and the individual has been transitioned to SP-1 through SP-5.
- Identified crisis is resolved and the individual is placed on a waiting list for SP-1 through SP-4.
- Referred and linked to community resources outside the DSHS system.
- The individual terminates services.

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Expected Outcomes

Individual self-reports reduction or stabilization in presenting problem severity or functional impairment on the ADULT TRAG.

Individual is better able to use natural and community support systems as resources.

Special Considerations

Following a crisis, providers should reassess the individual to determine further eligibility and the most appropriate service package (SP-1 – SP-5) for continuation of services. An individual may go from SP-0 directly to the Waiting List. NOTE: Individuals who are Medicaid Eligible, (i.e. currently have Medicaid benefits) may not be placed on a waiting list or be underserved due to resource limitations.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider
(consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP

Supported Housing: QMHP-CS or CSSP

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions

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SERVICE PACKAGE 5: Crisis Follow-Up

UM Guidelines	Program: ADULT MH	
Service Package 5	Authorized Period 30 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Crisis Follow-up and Relapse Prevention	15 minutes	32 units
Routine Case Management	15 minutes	16 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	4 units
Medication Training and Support	15 minutes	4 units
Counseling (CBT) (Individual)	15 minutes	32 units combined Ind. and Group CBT
Counseling (CBT) (Group)	15 minutes	32 units combined Ind. and Group CBT
Flexible Funds (Non-Clinical Supports & Transportation)	\$1	200 units
The following Crisis Services are also considered Core Services for SP-5 and are Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 minutes per mo.)	7 units
Crisis Transportation – Event	Event	1 unit
Crisis Transportation – Dollar	\$1	As necessary
Safety Monitoring	15 minutes	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits – Event	Event	As necessary
Crisis Flexible Benefits – Dollar	\$1	200 units
Respite Services: Community-based (in home)	15 minutes	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 minutes	32 units

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Purpose of Service Package 5

This Service Package is targeted toward adults who have been stabilized in SP-0 (crisis services) or psychiatric hospitalization, and who are not eligible for SP-1 through SP-4; or for adults who have been served and stabilized in SP-0 or released from psychiatric hospitalization and who are eligible for SP-1 through SP-4 for which there is no current capacity to provide the service package they need. The major focus is on maintaining the individual's stability and preventing further crises and assisting the individual in obtaining services they need. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution-focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Special Considerations During Crisis

As in other service packages, if a crisis occurs during the time an individual is in SP-5, Crisis Intervention Services are considered a part the Core Services of SP-5 and Crisis Services should be delivered within the current Service Package without a change in Level of Care.

Crisis Service Package 0 may only be used for an individual who is newly admitted to services or is being transitioned from Service Package 5.

Any service offered must meet medical necessity criteria.

SERVICE DEFINITIONS

Core Services SP-5

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Routine Case Management: Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine Case Management activities must be provided in accordance with 25 TAC, Part I, Chapter 412, Subchapter I, *MH Case Management Services*.

Contractor shall not subcontract for the delivery of these services.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management Services: supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms.

Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program): Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Counseling (CBT) Individual and Group: Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. Counseling must be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of an

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LPHA, if not billed to Medicaid. This service includes treatment planning to enhance recovery and resiliency.

Flexible Funds (Non-Clinical Supports and Transportation): Non-Clinical Supports include services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.

Transportation refers to temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.

The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.

NOTE: A general formula guideline may be applied to calculate the amount of the stipend:

A. (Amount of Income) X (0.30) = Client Contribution

B. (Cost of Housing) – (Client Contribution) = Center Contribution

This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

Crisis Service Definitions

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

This service does not require prior authorization. Average time necessary to stabilize the crisis = 4.5 hours per crisis episode.

Psychiatric Diagnostic Interview Examination: A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part I, Chapter 412, Subchapter G, Section 412.315(a)(5) *MH Community Services Standards*.

Pharmacological Management: includes outpatient evaluation and management of an established client in response to a crisis, or supplemental nursing services by RN or LVN in response to a crisis, not incidental to another service. Average time necessary to stabilize the crisis = 3 hours per crisis episode.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety Monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

Day Programs for Acute Needs: Day programs for acute needs provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Part I, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and

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nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Crisis Residential Treatment: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly **severe** functional impairment and who require direct supervision and care but do not require hospitalization.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Inpatient Hospitalization Services: Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.

Inpatient Services (Psychiatric): Inpatient psychiatric hospital beddays - Room and Board.

Crisis Stabilization Unit: Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code (relating to Standards of Care and Treatment in Crisis Stabilization Units). Maximum length of stay = 14 days.

Crisis Follow-up and Relapse Prevention: Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Admission Criteria for SP-5 (All criteria must be met)

- Any mental health diagnosis may be used for admission to SP-5.
- The individual has been stabilized and released from SP-0 (crisis services) or hospitalization.

Additional Admission Criteria for SP-5 (Any of these criteria may be met.)

Reason for Deviation:

- Resource Limitations – Individual's crisis is resolved or has been released from hospital and LOC-R identifies services packages 1 - 4, but capacity does not exist in service packages 1 – 4.
- Consumer Need - Person is identified as ineligible for services, but scores indicate a need for short-term intervention.
- Continuity of Care - Person is identified as ineligible for services, but has been discharged from a State or Community Mental Health Hospital.
- Other: Needs a text note justification.

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Special Considerations

(In addition to the above admission criteria, any of the following may indicate this as the most appropriate level of care.)

The individual is not eligible for Service Packages 1-4 or has opted to seek services from another provider, but continued follow-up is indicated until referral is complete.

The individual is eligible for a higher level of care but due to lack of service capacity is served in this LOC.

Criteria for Level of Care Review

Continued Stay:

- This LOC will terminate in 30 days. No extensions for SP-5 may be given. If eligibility criteria are met, services may be provided in SP-1 – SP-4 or SP-0.

Indication for potential increase in LOC:

- Individual's condition worsens as indicated by Adult TRAG and indicates authorization of LOC 1, 2 or Crisis Services.

SP-5 Discharge Criteria

(ANY of these indicators would support discharge from this service package)

- Referred to a higher level of care for crisis management, e.g. hospitalization.
- Identified crisis is resolved and the individual has been transitioned to SP-1 through SP-4.
- Identified crisis is resolved and the individual is placed on a waiting list for SP-1 through SP-4.
- Referred and linked to community resources outside the DSHS system.
- The individual terminates services.

Expected Outcomes

Individual self-reports reduction or stabilization in presenting problem severity or functional impairment on the Adult TRAG.

Individual is better able to use natural and community support systems as resources.

Provider Qualifications

In accordance with the Mental Health Community Services Standards, all staff must be trained and competent in the tasks they perform prior to contact with the individual.

Pharmacological Management: MD, RN, PA, Pharm.D, APN, LVN

Psychiatric Diagnostic Interview Examination: LPHA

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, or CSSP

Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider
(consult Rule for specific credential requirements for sub-component services)

Supported Employment: QMHP-CS or CSSP

Supported Housing: QMHP-CS or CSSP

Crisis Intervention Services: QMHP-CS

Crisis Transportation: No restrictions